STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form APPELLATE CASES

Name of Claimant			Vendor ID #			
Contract attorneys must atta services by assigned OPD c of the activity. Attach a copy are assigned by the Appellat cases. All travel expenses re case number and attached t last line item on the form. Clamonth in which costs were in (I) on this form, whether or n Appellate Defender, P.O. E cannot accept faxes. Month of Service Note: Claims submitted more	lient number and of the pre-approve Office. Separat ported on this claim form. aimant must submourred. Please root you are billing 3ox 200145, Hel	document date val notice for an e summary formaim are to be de Monthly office mit a monthly clante all cases the for this period. Sena, MT 59620	s, time spenty pre-approvens must be ptailed on a tracexpense stipping by the 10 at you have commit this -0145. Pleas	t, rate of pay, ar ed costs. OPD repared for non avel expense vo- ends are to be oth of the month closed (C) or the claim to Office se mail the orig	and a description client numbers appellate bucher form by listed as the a following the act are inactive a of the ginal. We	
Client Name	OPD-Assigned Case ID #	Closed (C) or Inactive (I) Case?	Hours Worked	Total Fees	Total Costs	Total Fees & Costs
					3	
TOTALS						
The undersigned Counsel cer	tifies that the case	es listed, expens	es claimed a	nd the times rep	orted are true and	d accurate.
Attorney's Signature/Date of	Appellate Defender's Approval/Date Approved					

Signatures above certify that all costs in excess of \$200 have been pre-approved.